PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10782332					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
T	OTAL CLAIMS		/				RAT		T FEE	OF. 1 . !	RATE	FEE	
FÖR			NUMBER FILED		NUME	BER EXTRA	-	SIC FEE	+	108	BASIC FEE		
τc	OTAL CHARGE	ABLE CLAIMS	minus 20=		. 0		 	(S 9=	 	1	XS18=	·	
INDEPENDENT CLAIMS			/ minus 3 =		. 0		1 —		 	OR			
		NDENT CLAIM PE			<u> </u>		H	<43= 	 	OR	X86=		
							Ŀ	145=	<u> </u>	OR	-290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							T	OTAL	385	OR	TOTAL		
81)	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							MALL	ENTITY	OR	OTHER SMALL		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA	P	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. /	Minus	- 2	0	- /	×	\$ 9=	[/	OR	XS18=		
AME	Independent	. /	Minus		3	= /	×	43=	1	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								/	OR	+290=		
								TOTAL	/		TOTAL ADDIT. FEE		
		(Column 3)	AUU	H.FEE:	<u> </u>		MUUII. F C.L.						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUME PREVIO PAID F	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	•	Minus	**			×	S 9=		OR	X\$18=		
AMENDMENT	Incependent		Minus	***		=	×	43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45=	·	OR	+290=		
									7.	ОЯ	TOTAL ADDIT, FEE	·	
			IT. FEE		•	· • • • • • • • • • • • • • • • • • • •							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER JUSLY	PRESENT EXTRA	. R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO.	Total	•	Minus	**			X	5 9=		OR	X\$18=		
ME	Independent	•	Minus	***		=	X.	43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								45= TOTAL		OR	+290=		
1	** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20." If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3."									OR ,	TOTAL ADDIT FEE		
		iber Previously Paid					tound in	the app	propriate box	i in coli	umn 1.		

FORM PTO-875 (Rev 10:03)

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Application or Docke: Number